| TB DOGM M/023/011   | 11/17/97  |  |
|---|---|--|
| SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent card from being returned to you. The return receipt fee will provide you the name of the person delivery to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.  1. Show to whom delivered, date, and addressee's address.  2. Restricted Delivery (Extra charge) |   |  |
| 3. Article Addressed to:  | 4. Article Number   |  |
| BRUCE EVANS   | P 074 976 612   |  |
| NEPHI SANDSTONE CORP  | Type of Service:  |  |
| PO BOX 372  | Registered Insured Cortified COD                                  |  |
| NEPHI UT 84648  | Express Mail Return Receipt for Merchandise                       |  |
|   | Always obtain signature of addressee or agent and DATE DELIVERED. |  |
| 5., Signature Address   | 8. Addressee's Address (ONLY if requested and fee paid)           |  |
| 6. Signature — Agent  |   |  |
| X   |   |  |
| 7. Date of Delivery  1/- 20 - 97  |   |  |
| S Form 3811, Mar. 1988 * U.S.G.P.C. 1988-212-865 DOMESTIC RETURN RECEIPT  |   |  |

## OFFICIAL BUSINESS

## SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





PENALTY FOR PRIVATE USE, \$300

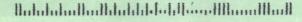
## RETURN



Print Sender's name, address, and ZIP Code in the space below.

NATURAL RESOURCES
OIL, GAS, & MINING

3 TRIAD CENTER, SUITE 350 SALT LAKE CITY, UTAH 84180-1203



NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

| (See Heverse)  |        |           |
|--|--------|-----------|
| Sent to BRUCE EVANS<br>NEPHI SANDSTONE CO                    | ORP ** |           |
| Street and No.<br>PO BOX 372                                 |        | AR.       |
| P.O., State and ZIP Code<br>NEPHI UT 84648                   |        | 100       |
| Postage  | S      | /IM       |
| Certified Fee  |        | M/023/01. |
| Special Delivery Fee   |        | TO/       |
| Restricted Delivery Fee                                      |        |           |
| Return Action Flowing to which as Date Delivered             |        |           |
| Return He ceipt showing hom.<br>Date, and Address of Leivery | - 1 4  | 1/1//     |
| TOTAL FACE and Fees  | S      | 1/9       |
| Postmark or USPS - 8   | 1      |           |

PS Form 3800, June 1985